



# Individualized Education Program (IEP)

KSEPAG  
March 24, 2021

# What is an IEP?

- Once a child has been determined to be eligible for special education and related services a plan will be written to meet their specialized needs.
- The IEP should describe how the child currently performs and any specific instructional needs that should be implemented.
- The IEP must include details and measurable annual goals and short-term objectives or benchmarks.

# What is an IEP?

- The IEP must include all the programs and services necessary to meet the child's individual needs as identified during the evaluation and reevaluation process.

# Annual Review

- Once a year review of child's IEP
- Start with signing of several documents such as "Continuum of Services"
- Review child's progress towards annual goals
- Student's anticipated needs for the next school year
- Within 15 calendar days prior to the meeting, parents are provided with a written notice of proposed actions

# IEP Team Members

- IEP team is a group of individuals who are responsible for the development, review and revision of the student's IEP.
- Team members include:
  - 1) Parent(s)
  - 2) At least one general education teacher
  - 3) At least one Special Education Teacher
  - 4) At least one Child Study Team member who can interpret the instructional implication of evaluation results
  - 5) The Case Manager
  - 6) Other individuals who have knowledge or special expertise regarding the student, including related service personnel

# What will the IEP include?

- The IEP must include a statement of your child's current levels of academic achievement and functional performance.
- Must contain measurable annual goals, benchmarks and short-term objectives that address your child's individualized needs.
- The IEP must state where special education services will be provided (type of classroom setting)
- What related services your child will receive, when, how long and where they are to be provided.
- List any assistive technology such as eyeglasses, computer program etc.
- Extended School Year services

# Present Level of Academic Achievement & Functional Performance

- Often referred to as the PLAAFP (Present Level of Academic Achievement and Functional Performance) or PLEP (Present Level of Educational Performance)
- This section of the IEP describes the students current abilities, skills, challenges and strengths.
- This covers both academic performances and everyday functional skills.
- Academic refers to grade-level standards
- Functional performance refers more to daily living skills, including behavior, communication, social skills, eating, dressing, and self-help skills.
- If there are challenges listed in the PLAAFP, it should be also noted in the “Needs” section.

# Present Level of Academic Achievement

- Where do the student's skills and knowledge currently stand?
- How does the student's disability impact involvement and progress in the general education curriculum?



# Needs Section

- This section specifies areas that are a challenge for the child.
- Annual goals should derive from the “Needs” section.

# Annual Goals

- All IEPs have annual goals.
- These goals build on the student's present level of academic achievement and functional performance.
- The goals should be able to be achieved within a school year.
- Each goal describes the skill or subject area that the student is focusing on and the targeted result.

# Annual Goals

- SMART goals (Specific, Measurable, Attainable, Result-oriented and Time-Bound)
- The goals map out how the process should be measured.
- These goals are reported on each trimester or quarter for the student's Progress Report.

# Special Education and Related Services

- This section describes the services the student receives (services are individually based).
- This section includes special education services such as Speech therapy, O.T., P.T. and Counseling.
- The IEP will state how often and where these services will take place.
- This section will also include transportation.

# Modifications, Supplementary Aids, Services, Assistive Technology Devices

- This section will list accommodations, modifications and assistive technology along with when and where they will be used.
- Modifications-changes to the curriculum students are learning.
- Accommodations-help children learn same material as peers.

# Example of Modifications

- Completes different homework problems than peers
- Answers different test questions
- Alternate projects or assignments
- Learn different material (such as class is learning fractions but child is working on multiplication)
- Gets graded or assessed using a different standard than other students in class.

# Examples of Accommodations

- Listen to audio recording instead of reading text
- Work on fewer problems
- Work with text in larger print
- Hear instructions spoken aloud
- Dictate answers to a scribe
- Sit where learning is best
- Small group testing
- Extra time to complete assignments
- Frequent breaks

Toms River Regional School District  
1144 Hooper Avenue  
Toms River, NJ 08753

DRAFT - INDIVIDUALIZED EDUCATION PROGRAM

STUDENT / GUARDIAN INFORMATION

|                        |                                    |                          |                      |
|------------------------|------------------------------------|--------------------------|----------------------|
| Student: [REDACTED]    | Date of Birth: [REDACTED]          | Gender: Female           | Local ID: [REDACTED] |
| Address: [REDACTED]    | Age: 7:3                           | Native Language: English | State ID: [REDACTED] |
| Toms River, NJ 08753   |                                    |                          | Home #: [REDACTED]   |
| Contacts: [REDACTED]   | Home/Mobile #: M: (732) [REDACTED] | Work #: [REDACTED]       | Email: [REDACTED]    |
| Contacts: [REDACTED]   | Home/Mobile #: M: (732) [REDACTED] | Work #: [REDACTED]       | Email: [REDACTED]    |
| School Year: 2017-2018 | Case Manager:                      | School: To Be Determined | Grade: Grade 1       |
| 2018-2019              |                                    | Walnut Street Elementary | Grade 2              |

Special Alerts: Medical concerns, or any other important information to highlight, would be noted here. For example, peanut allergy, medication, etc.

MEETING OR AGREEMENT INFORMATION

Date:  
Reason:

IEP INFORMATION

|                                  |            |
|----------------------------------|------------|
| Projected IEP Start Date:        | 02/08/2018 |
| Projected IEP End Date:          | 02/07/2019 |
| Behavior Intervention Plan:      | Yes        |
| Modifications:                   | Yes        |
| Supplementary Aids and Services: | Yes        |
| Assistive Technology:            | No         |
| Supports for School Personnel:   | Yes        |
| Testing Accommodations:          | Yes        |

PLACEMENT CATEGORY

In the presence of general education students for 80% or more of the school day

STATUS FOR DURATION OF IEP

02/08/2018 - 02/07/2019 Receiving Services

MOST RECENT ELIGIBILITY INFORMATION

Determination:  
Classification: Other Health Impaired  
Extended School Year: No  
Most Recent Annual Review Meeting: 01/10/2018  
Annual Review Due:  
Most Recent Reevaluation Eligibility Meeting: 06/10/2016  
Consent to Waive Reevaluation Received:  
Reevaluation Due:

INITIAL ELIGIBILITY INFORMATION

|                                    |            |
|------------------------------------|------------|
| Initial Referral:                  | 06/03/2015 |
| Initial Consent to Evaluate:       | 06/11/2015 |
| Initial Eligibility Determination: | 08/05/2015 |
| Initial IEP Meeting:               | 08/05/2015 |
| Initial Consent to Implement IEP:  | 08/05/2015 |
| Initial IEP Implemented:           | 09/08/2015 |

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

|  |                         |                       |
|--|-------------------------|-----------------------|
| In-class Resource: Math                          | 02/08/2018 - 02/07/2019 | 1 x Daily 60 min.     |
| In-class Resource: Reading                       | 02/08/2018 - 02/07/2019 | 1 x Daily 60 min.     |
| In-class Resource: Language Arts                 | 02/08/2018 - 02/07/2019 | 1 x Daily 60 min.     |
| In-class Resource: Science/Social Studies        | 02/08/2018 - 02/07/2019 | 1 x Daily 40 min.     |
| Physical Therapy: Group                          | 02/08/2018 - 02/07/2019 | 9 x Trimester 25 min. |
| Occupational Therapy: Group                      | 02/08/2018 - 02/07/2019 | 9 x Trimester 25 min. |
| Speech-Language Therapy: Group (not to exceed 4) | 02/08/2018 - 02/07/2019 | 9 x Trimester 25 min. |
| Special Transportation: Special Transportation   | 02/08/2018 - 02/07/2019 | 2 x Daily             |



# DRAFT/WRITTEN NOTES FOR IEP MEETING

## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE AND CONSIDERATIONS WHEN DEVELOPING THE IEP

**Initial or Most Recent Evaluations/Reports:** Consider relevant data. List the sources of information used to develop the IEP.

| <u>Date</u> | <u>Evaluation/Report</u>   | <u>Comments</u>          |
|-------------|----------------------------|--------------------------|
| 01/03/2018  | Neurological Evaluation    | Report comments go here. |
| 06/01/2016  | Educational Evaluation     |                          |
| 06/01/2016  | Psychological Evaluation   |                          |
| 01/11/2016  | Speech/Language Evaluation |                          |

**Statewide and Districtwide Assessments Results:** Consider relevant data. List the sources of information used to develop the IEP.

- Considered but not applicable

**Standardized Test Results:** Consider relevant data. List the sources of information used to develop the IEP.

- Considered but not applicable

**Strengths of the Student:**

- Student strengths are noted here.
- Example: Joy is a social young woman who works well in groups and enjoys hands on activities. She is a helpful student and is the quick to assist her peers.

**Concerns of the Parent:**

- Parent concerns are noted here.

**Present Levels of Academic Achievement and Functional Performance:**

### Mathematics

- If the student is receiving special education programming in mathematics the teacher summary of current performance is noted here .

### Social Studies

- If the student is receiving special education programming in social studies the teacher summary of current performance is noted here .

### Science

- If the student is receiving special education programming in science the teacher summary of current performance is noted here .

### Reading

- If the student is receiving special education programming in reading/English the teacher summary of current performance is noted here .

### Speech/Language

- If the student is eligible and receiving speech and language services the therapist summary of current performance is noted here .

### Occupational Therapy

- If the student is eligible and receiving occupational therapy services the therapist summary of current performance is noted here .

### Physical Therapy

## DRAFT/WRITTEN NOTES FOR IEP MEETING

- If the student is eligible and receiving physical therapy services the therapist summary of current performance is noted here .

### Eligibility Statement

- A statement documenting the student's category of eligibility for special education and related services is noted here

### Other

- Any other information relevant to the student's present level of academic achievement and functional performance is noted here .

**How the Student's Disability Affects his or her Involvement and Progress in the General Education Curriculum:** For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities.

- Documentation of how the student's disability affects his or her involvement in the general education curriculum goes here .
- Example: Joy is eligible for special education and related services under the classification of Other Health Impaired due to a diagnosis of ADHD as per Dr . Fake Name on 1/1/2015. Joy's ADHD impacts her ability to maintain focus and remain on task in the general education classroom during classroom activities . In addition, Joy struggles with organization of classroom materials and completion of classwork without additional support.

**Special Considerations:** If in considering any of the special factors listed below, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

**Indicate if the student has any needs as a result of Limited English proficiency:**

- Considered but not applicable

**Indicate if the student has communication needs:**

- Communication Needs are included in the Academic, Developmental, Functional and Any Other Needs section

**Indicate if the student's behavior impedes his or her learning or that of others:**

- The student's behavior impedes his or her learning or that of others. Appropriate strategies, including positive behavioral interventions and supports to address the student's behavior are included in the Behavioral Interventions section

**Indicate if the student is in need of any assistive technology devices and services:**

- Considered but not applicable

**Beginning with the IEP in place for the school when the student will turn age 14 or younger, if appropriate, indicate if there is a need for consultation from agencies that provide services for individuals with disabilities:**

- Considered but not applicable

**For a student who is deaf or hard of hearing, indicate the need for opportunities for direct communication with peers and professional personnel:**

- Considered but not applicable

**For a student who is blind or visually impaired, the IEP shall provide for instruction in Braille and the use of Braille:**

- Considered but not applicable

**Needs - Academic, Developmental, Functional and any other Needs that result from the Student's Disability and Special Considerations:**

### Motor

- Documentation of motor needs that result from the student's disability is noted here.  
Example: Joy needs assistance with fine motor strength to assist with endurance of writing tasks .



- Documentation of reading needs that result from the student's disability is noted here.  
Example: Joy needs to improve her focus, which is impacting her reading comprehension.

#### Writing

- Documentation of spelling/writing needs that result from the student's disability is noted here.  
Example: Joy needs assistance with the organization of her writing.

#### Mathematics

- Documentation of mathematics needs that result from the student's disability is noted here.

#### Social/Emotional/Behavioral

- Documentation of social, emotional, or behavioral needs that result from the student's disability is noted here.  
Example: Joy needs to improve her focus and attention to daily classroom activities.

#### Other

- Documentation of occupational therapy needs that result from the student's disability is noted here.

#### Speech/Language

- Documentation of speech and language needs that result from the student's disability is noted here.

### STATEMENT OF TRANSITION PLANNING

Beginning with the IEP in place for the school year when the student will turn age 14, or younger if appropriate, develop the long range educational plan for the student's future which includes a statement of the student's strengths, interests and preferences; a course of study; related strategies and/or activities; a description of the need for consultation from other agencies; and, as appropriate, identify interagency linkages and responsibilities.

#### Statement of the Student's Strengths, Interests and Preferences:

**Courses of Study:** Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.

**Grade 9:** List of specific courses of study in general education and special education based on student's strengths, interests, preferences, and desired postsecondary goals.

**Grade 10:** List of specific courses of study in general education and special education based on student's strengths, interests, preferences, and desired postsecondary goals.

**Grade 11:** List of specific courses of study in general education and special education based on student's strengths, interests, preferences, and desired postsecondary goals.

**Grade 12:** List of specific courses of study in general education and special education based on student's strengths, interests, preferences, and desired postsecondary goals.

**Related Strategies and/or Activities:** In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.

**Statement of Consultation:** Indicate the need for consultation from other agencies that provide services for individuals with disabilities including, but not limited to, the Division of Vocational Rehabilitation Services in the Department of Labor.

**List the name of any agency from which consultation is needed:** The need for consultation from other agencies that provide services for individuals with disabilities including, but not limited to, the Division of Vocational Rehabilitation Services or the Department of Labor is noted here.

**Name of school staff person who will be the liaison to postsecondary resources:** School staff who will be the liaison to the postsecondary resources is noted here.

**Statement of Needed Interagency Linkages and Responsibilities:** As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each agency.

| Agency | School District Responsibilities | Student/Parent Responsibilities |
|--------|----------------------------------|---------------------------------|
|        |                                  |                                 |

#### STATEMENT OF APPROPRIATE MEASURABLE POSTSECONDARY GOALS AND TRANSITION SERVICES

Beginning with the IEP in place for the school year when the student will turn age 15, or younger if appropriate, indicate the student's desired postsecondary school goals and transition services.

**Measurable Postsecondary Goals:** Indicate the student's desired post-school goals based upon age-appropriate transition assessments related to training, education, employment and, if appropriate, independent living.

- Not applicable

**Transition Services: Coordinated Activities/Strategies:** Indicate the following multi-year plan for promoting movement from school to the student's desired post-school goals. The student's needs, strengths, interests and preferences in each area must be considered, and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

- Not applicable

#### BEHAVIORAL INTERVENTIONS

If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP.

**Are Behavioral Interventions Appropriate at This Time?** Yes

##### Target behavior

- Joy will complete 10 minutes of classwork without disruption.

##### Documentation of prior interventions and student response

- The District has implemented class-wide behavior plans and positive reinforcement to encourage more time on task. These have not been successful in supporting Joy's attention and focus.

##### Description of the positive supports/interventions, including the conditions under which the supports/interventions will be implemented

- 1. Joy will be given specific directions regarding an upcoming task.
2. Joy will be given a selection of rewards to choose from (ex. computer time, points toward homework pass, etc.)
3. Joy will be provided a timer on her desk that counts down from 10 minutes.
4. Approximately 5 minutes in, the teacher and/or classroom aide will check in with Joy and remind her of the remaining time and the reward she will earn
5. Once the timer goes off, if Joy has completed the work without disruption, she will earn her reward,
6. If Joy was not successful, she will not earn the reward and the timer will begin again with another opportunity to earn.
7. These rewards will continue with an increasing time interval as Joy finds success. The time interval will be reevaluated if Joy is not earning her reward regularly.



- A daily chart with intervals will be provided. The teacher and/or aide will note if Joy earned or did not earn for a given interval. Opportunities will be provided at least 6 times per day (or class period).

Data will be reviewed weekly by the teacher, with support from the case manager to determine if adjustments to the plan are required.

#### Conditions under which the supports/interventions are changed

- The plan/intervention will be updated if Joy is not earning her rewards at least 3 times a day, with a max earning of 6 times a day (50% success). If Joy is earning her reward consistently for the interval will be reviewed and considered to be extended.

#### Conditions under which the supports/interventions will be terminated

- The plan will be terminated if, after modifications to the interval, Joy is not meeting with at least 50% success. The plan will also be terminated if it appears to cause anxiety or have another impact on the student.

#### Parental Involvement

- Parent involvement is encouraged to support the behavior plan at home as well as in school.

### PROGRESS REPORTING

State how the parents will be regularly informed of their student's progress toward the annual goals.

Written reports will be provided at the same time report cards are provided for all students in the school year.

Method: Report Cards - Schedule: Quarterly (2017/18 school year); Tri-annually (2018/19 school year)

Method: Teacher Progress Reports - Schedule: as deemed necessary by the teachers

Method: Parental Contact - Schedule: As Needed

Method: Parent Conferences - Schedule: As Needed

Method: IEP goals/objectives - Schedule: Quarterly (2017/18 school year); Tri-annually (2018/19 school year)

### ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOALS

#### Area: STUDY SKILLS

**Goal: 1.** Joy will maintain her attention on task during class lessons and assignments in order to complete assignments on time on a daily basis across all academic settings with 50% success

#### Benchmarks or Short Term Objectives

|     |   | Criteria    | Evaluation Procedure  |
|-----|---|-------------|-----------------------|
| 1.1 | Joy will attend to a task without distraction for 10 minutes during individual seatwork activities (refer to BIP) | 50% success | Recorded observations |

#### Area: WRITING

**Goal: 2.** Joy will improve the organization of her writing with 80% success

#### Benchmarks or Short Term Objectives

|     |  | Criteria    | Evaluation Procedure |
|-----|--|-------------|----------------------|
| 2.1 | Utilizing a graphic organizer, Joy will be able to create written text with an opening statement, body text, and a closing sentence. | 80% success | Work Samples         |

## DRAFT/Written NOTES FOR IEP MEETING

### MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE GENERAL EDUCATION CLASSROOM AND/OR SPECIAL EDUCATION CLASSROOM

State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. State the supplementary aids and services that will be provided to the student or on behalf of the student. Identify any assistive technology devices and services to be provided. For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom and activities. Each modification, supplementary aid or service, and assistive technology device should be entered separately.

#### Modifications:

##### Classroom

General and Special Education

##### Modifications

- Access to accurate notes
- Provide copy of class notes
- Allow extra time for task completion
- Assistance with organization of planner/schedule
- Use a consistent daily routine
- Provide organizers/study guides
- Simplify task directions
- Provide hands-on learning activities
- Provide modeling
- Additional time to complete classroom tests/quizzes
- Use visual aids to accompany instruction
- Allow use of a computer
- Allow Joy to work with a helpful peer
- Monitor on-task performance
- Provide short breaks when refocusing is needed
- Use graphic organizers
- Include brainstorming as a pre-writing activity
- Provide opportunities for peer interactions
- Discuss behavioral issues privately with student
- Maintain communication with home

#### Supplementary Aids and Services:

##### Classroom

##### Supplementary Aids and Services

#### Assistive Technology Devices and Services:

- Considered but not applicable

# DRAFT/WRITTEN NOTES FOR IEP MEETING

## SUPPORTS FOR SCHOOL PERSONNEL

State the supports for school personnel that will be provided for the student. Supports may include, but is not limited to, training for school personnel, consultation, and access to research-based materials and resources.

- Professional development through educational seminars and specialized workshops
- Consultation with CST
- Access to Research Based Materials and Resources
- Consultation with Related Services Providers

## STATEMENT OF SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

| Special Education Programs  | Location                    | Subject                 | Start and End Dates     | Frequency | Period           | Duration |
|---|-----------------------------|-------------------------|-------------------------|-----------|------------------|----------|
| In-class Resource   | General Education Classroom | Math                    | 02/08/2018 - 02/07/2019 | 1         | Daily [REDACTED] | 60 min.  |
| In-class Resource   | General Education Classroom | Reading                 | 02/08/2018 - 02/07/2019 | 1         | Daily [REDACTED] | 60 min.  |
| In-class Resource   | General Education Classroom | Language Arts           | 02/08/2018 - 02/07/2019 | 1         | Daily [REDACTED] | 60 min.  |
| In-class Resource   | General Education Classroom | Science/Social Studies  | 02/08/2018 - 02/07/2019 | 1         | Daily [REDACTED] | 40 min.  |
| Related Services or Speech Language Services for Students Eligible for Speech/Language Services | Location                    | Ratio                   | Start and End Dates     | Frequency | Period           | Duration |
| Physical Therapy  | Service Provider Location   | Group                   | 02/08/2018 - 02/07/2019 | 9         | Trimester        | 25 min.  |
| Occupational Therapy  | Service Provider Location   | Group                   | 02/08/2018 - 02/07/2019 | 9         | Trimester        | 25 min.  |
| Speech-Language Therapy   | Service Provider Location   | Group (not to exceed 4) | 02/08/2018 - 02/07/2019 | 9         | Trimester        | 25 min.  |
| Special Transportation Related Services   | Comments                    | Start and End Dates     | Frequency               | Period    |                  |          |
| Special Transportation  |                             | 02/08/2018 - 02/07/2019 | 2                       | Daily     |                  |          |

## STATEMENT OF EXTENDED SCHOOL YEAR SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in the educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time.

Does the student need an extended school year program? No

Extended School Placement Location:

List relevant factors considered in determining whether the student needs an ESY Program:

- The need for an extended school year was considered, but is inappropriate, as an interruption of the school year would not result in lower level of functioning which would not be recouped in a



## DRAFT WRITTEN NOTES FOR IEP MEETING

### TRANSITION PLANNING ACTIVITIES FOR STUDENTS IN SEPARATE SETTINGS

For students in a separate setting for all or part of a school day, set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.

- If the student is placed in an out of district school, this section will be completed listing the steps the District would need to take to bring the student back to District. This section is about developing a plan for the future and how such a transition would be facilitated.

Example: To bring this student back to Toms River schools, the District would need to modify the classroom bathroom to allow for the mechanical lift that will provide more independent toileting access. Additional training for District staff will be provided. A full time nurse and a 1:1 paraprofessional would need to be provided.

### MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES

State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation.

- This program is in the home school and allows the student to participate in all school activities that are available to the entire school population

### LENGTH OF SCHOOL DAY

Document the length of the school day, if different from the length of the school day for nondisabled peers.

- The length of the school day will be the same as for non-disabled peers

### STATEMENT OF THE STUDENT'S TRANSITION FROM ELEMENTARY TO SECONDARY PROGRAM

- Not applicable

### PARTICIPATION IN DISTRICTWIDE AND STATEWIDE ASSESSMENT PROGRAM

Indicate any individual modifications in the administration of Statewide or districtwide assessments of student achievement needed for the student to participate. If it is determined that the student shall not participate in a particular Statewide or districtwide assessment of student achievement (or part of such an assessment), indicate why that assessment is not appropriate for the student and indicate how the student shall be assessed.

#### Student will Participate in the Following Assessments:

- Grade 03: State Assessment Language Arts Literacy
- Grade 03: State Assessment Mathematics

#### Testing Modifications/Accommodations Needed for Districtwide, Statewide and Classroom Assessments:

##### PARCC - Accessibility Features for All Students

- General Administration Directions Read Aloud and Repeated as Needed (by test administrator)
- General Administration Directions Clarified (by test administrator)

##### PARCC - Administration Considerations for All Students

- Small group testing
- Separate or alternate location



## DRAFT/WRITTEN NOTES FOR IEP MEETING

- Extended Time, Test Type: ELA and Math

### GRADUATION REQUIREMENTS

Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.

| State the Graduation Requirement | Exemption | If the student is exempt from the meeting the graduation requirement, provide a rationale for the exemption. |
|----------------------------------|-----------|--|
|----------------------------------|-----------|--|

|             |    |  |
|-------------|----|--|
| Attendance: | No |  |
|-------------|----|--|

|               |    |  |
|---------------|----|--|
| Credit Hours: | No |  |
|---------------|----|--|

|                       |    |  |
|-----------------------|----|--|
| Statewide Assessment: | No |  |
|-----------------------|----|--|

|  |    |  |
|--|----|--|
| Other (Local Graduation Requirements): | No |  |
|--|----|--|

Alternate Requirement - Provide a description of any alternate proficiencies to be achieved by the student to qualify for a State endorsed diploma:

- Not Applicable

### NOTICE REQUIREMENTS FOR THE IEP AND PLACEMENT

This form describes the information required in each of the components of written notice for an IEP meeting.

The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

**Describe the proposed action and explain why the district has taken such action:**

- A proposed action plan will go here.
- Explanation of why the plan was proposed will go here.

**Describe any options considered and the reasons those options were rejected:**

- Options of proposed program with an explanation of why it was rejected goes here.

**Describe the procedures, tests, records or reports and factors used in determining the proposed action:**

- Academic driven data will go here. For example, IEP goals, report cards, and evaluations.

**If applicable, describe any other factors that are relevant to the proposed action:**

Additional factors relevant to the proposed action also goes here.

**Toms River Regional School District  
Meeting Attendance Sign-in Sheet**

Student 

Meeting Date:

Reason for Meeting:

| MEETING PARTICIPANTS  |      |   |   |
|---|------|---|---|
| Please sign in the appropriate space below. A signature in this section documents participation in the meeting and does not indicate agreement with the team's overall decision. If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space. (Original Signatures are maintained on file.) |      | For eligibility determination meetings only, each team member shall certify in writing whether his or her report is in accordance (in agreement) with the conclusion of eligibility of the student. If his or her report does not reflect the conclusion of eligibility (classification), the team member must submit a separate statement presenting his or her conclusions. |   |
| Print Name with Signature and Title   | Date | Assessment Report Date  | Conclusion of Eligibility   |
| Student, if appropriate   |      |   |   |
| Parent/Guardian   |      |   |   |
| Parent/Guardian   |      |   |   |
| General Education Teacher   |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Special Education Teacher or Provider   |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Child Study Team Member   |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Case Manager (May be CST Member above)  |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| School District Representative (May be the CST member or other appropriate school personnel.)   |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Specialist or Title:  |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Title:  |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
| Title:  |      |   | <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree |
|   |      |   |   |

**CONSENT TO IMPLEMENT INITIAL IEP**

RE: [REDACTED]

This form is to be used for all initial IEPs that are developed. I understand that consent is required for an initial IEP to be implemented.

I have received a copy of the school district's proposed initial IEP.

- ☐ I consent to the proposed initial IEP and for services to be implemented.
- ☐ I do not consent to the proposed IEP

I understand that if I do not consent, any proposed special education and/or related services will not be provided.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT TO IMPLEMENT REVISED IEP PRIOR TO 15 DAYS**

RE: [REDACTED]

This form is to be used for all IEPs that are developed after consent for the initial IEP has been provided. Your signature is NOT required for implementation of this IEP after 15 days have expired from the date written notice was provided.

You have the right to consider the proposed IEP for up to 15 calendar days. To have the IEP services start before the 15 days expire, you must sign below. If you take no action, the IEP will be implemented after the 15th day from the date notice is provided.

If you disagree with the IEP and you do not request mediation or a due process hearing from the New Jersey Department of Education, Office of Special Education Programs, the IEP will be implemented without your signature after the 15 days have expired.

I have received a copy of the proposed IEP and agree to have the IEP services start before the 15 calendar days have expired.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Your Rights

- You can bring an advocate to the IEP meeting
- Statewide Parent Advocacy Network (SPAN) <https://spanadvocacy.org>
- It is best practice to provide copies of an IEP for parents prior to the meeting but it is not required.
- If the IEP meeting date does not work for you, you can ask for a new date.
- You should know which members of the team will be or will not be attending the meeting.
- An interpreter can be provided if needed and the meeting will take place in the family's native language.

# Do you have to agree with the IEP?

- After the IEP meeting you will be given a copy of the IEP, you have 15 school days to review the IEP before it is put in place.
- If it is your child's first IEP, the school district cannot implement without your approval.
- If it is not your child's first IEP, your child will stay in his or her current placement until the matter is resolved. This is called "stay put".

# Comments/Questions



# Titan Friends of Diverse Learners (KSEPAG)

## Connect with us:

Email address:

[keansburgsepag@gmail.com](mailto:keansburgsepag@gmail.com)

Facebook Page:

<https://www.facebook.com/groups/2849601131978801/?ref=share>

# Next Meeting

**April 21, 2021 @ 6:00 p.m.**

**Caruso Elementary School Media Center**

**Topic: Behavior**